FORM PRD-2 REQUEST FOR RECONSIDERATION

Secretary of State Political Reform Division P.O. Box 1467 (95812-1467) 1500 - 11th Street, Room 495 Sacramento, CA 95814

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I declare and certify under penalty of perjury that the foregoing information o	n this request fo	r waiver is true and correct. I
hereby request that the liability for failing to file a statement required by the Po	olitical Reform A	ct on time be waived.
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